



APPLICATION FOR RETAIL LICENSE TO SELL ACOHOLIC BEVERAGES

Liquor License #:	Date:	Fee:	Class:
Proprietorship:	Partnership:	Corporation:	LLC:

IMPORTANT: STATE NAME UNDER WHICH THE BUSINESS IS TO BE OPERATED *EXACTLY* AS IT WILL APPEAR ON BOTH THE CITY AND STATE LICENSE

Liquor License:

Address of licensed premise:

Property Tax Identification Number (PIN):

Applicant's connection to real estate on which licensed premises will be operated

OWN: ☐ LEASE/RENT: ☐ PURCHASING by INSTALLMENT CONTRACT: ☐

SECTION 1 TO BE COMPLETED BY ALL APPLICANTS

Applicant's Sales Tax Number:

Applicant's Federal ID Number:

State of Illinois Liquor License Number:

Expiration Date:

Name the **RESIDENT MANAGER WHO IS A RESIDENT OF KANKAKEE COUNTY**

Name:

Social Security Number: XXX-XX- ____

Telephone:

Email:

Address:

City, State, ZIP Code:

Previous address if less than one (1) year:

SECTION 2 SOLE PROPRIETORSHIP

Applicant's Name/s (Include any and all aliases)

Email Address:

Last Name:

First Name:

Middle Initial:

First Alias:

Second Alias:

City, State, ZIP Code:

Length of Residence:

Telephone Number:

Previous Residence if Less Than One Year Above:

Birthdate:

Birth Place:

Social Security #: XXX-XX- ____

United States Citizen: Yes ____ No ____ If yes, by Birth ____ or Naturalization ____

If a corporation is applicant, state the corporate name and address of principal place of business.

Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

State of Incorporation: _____ Date of Incorporation: _____

Registered agent's name: _____

Address: _____ Telephone: _____

ATTACH A COPY OF ARTICLES OF INCORPORATION TO THIS APPLICATION

State the name, title and residence address of all corporate officers and directors.

Name: _____ Title: _____ Residence Address: _____

Name: _____ Title: _____ Residence Address: _____

Name: _____ Title: _____ Residence Address: _____

Name: _____ Title: _____ Residence Address: _____

Name: _____ Title: _____ Residence Address: _____

State the names, residence address and social security number of all shareholders owning at least five percent (5%) of the issued corporate stock.

Name: _____ SS# ***-**-____ Residence Address: _____

Name: _____ SS# ***-**-____ Residence Address: _____

Name: _____ SS# ***-**-____ Residence Address: _____

Name: _____ SS# ***-**-____ Residence Address: _____

Name: _____ SS# ***-**-____ Residence Address: _____

Name: _____ SS# ***-**-____ Residence Address: _____

If partnership, state full name of all partners. ATTACH COPY OF PARTNERSHIP AGREEMENT, IF ANY

Name: _____ Address: _____

Birth Date: _____ Birth Place: _____ SS# ***-**-____

Name: _____ Address: _____

Birth Date: _____ Birth Place: _____ SS# ***-**-____

Name: _____ Address: _____

Birth Date: _____ Birth Place: _____ SS# ***-**-____

Name: _____ Address: _____

Birth Date: _____ Birth Place: _____ SS# ***-**-____

SECTION 4**CORPORATION, PARTNERSHIP OR LLC INFORMATION****PAGE 3**

Have you ever been convicted of a felony or misdemeanor (excluding traffic violation)? Yes: _____ No: _____

If yes, state type of conviction, date of conviction and disposition of case: _____

Have you ever had any interest in a license to sell alcoholic beverages that has been revoked by any jurisdiction? Yes: _____ No: _____

If yes, state the reason and the date of the suspension or revocation. _____

Has any applicant been convicted either civilly or criminally of being delinquent in forwarding retailer's occupational taxes to the state Department of Revenue? Yes: _____ No: _____

If yes, state the type of conviction, date of conviction and disposition of the case: _____

Is the resident manager prohibited from holding a license under Section 120, Chapter 43, Illinois Revised Statutes 1977, Entitled "An Act Relating to Alcoholic Liquor?" Yes: _____ No: _____

Are the premises for which the license is sought within 100 feet of any church, school, hospital, home for the aged, home for the indigent persons, or home for veterans, their wives or children? Yes: _____ No: _____

If applicant is a club, does it comply with the Section 95.24 Illinois Revised Statutes 1977, entitled "An Act Relating to Alcoholic Liquor?"

Yes: _____ No: _____

Does applicant agree to produce his/her books, records (including invoices) at all reasonable times for inspection by the Local Liquor License Commissioner or authorized agent? Yes: _____ No: _____

Does the applicant seek a license to sell liquor on the premises used as a restaurant? Yes: _____ No: _____

If yes, are meals actually and regularly served? Yes: _____ No: _____

Are the premises provided with adequate sanitary kitchen and dining room equipment and capacity, with sufficient employees to prepare, cook and serve suitable food? Yes: _____ No: _____

Have you obtained a license from the Kankakee County Department of Public Health to operate a restaurant? Yes: _____ No: _____

Has any manufacturer, distributor or importing distributor of liquor directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside or outside use costing the aggregate more than \$100 in any one calendar year, for use in or about said premises, or paid, or agreed to pay, for this license, advance money or anything else of value, or any credit, other than credit in the ordinary course of business for a period not to exceed (90) days, or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? Yes: _____ No: _____

Are you currently appointed or elected to any public office? Yes: _____ No: _____

If yes, what public office do you hold? _____

Has any license previously issued to you by State, Federal or Local authorities been suspended or revoked? Yes: _____ No: _____

If yes, state the reason and the date of the suspension or revocation. _____

Do you currently owe the City of Kankakee for any fines, taxes or services? Yes: _____ No: _____

Does applicant agree to report any changes on this application to the Local Liquor License Commissioner within seven (7) days of the change?

Yes: _____ No: _____

The undersigned covenants and agrees:

- ☐ To keep the premises free at all times from the presence of disorderly persons, and to prevent any immoral practices thereon.
- ☐ To keep the premises at all times free from gambling of any sort whatsoever and constantly exclude from such premises any and all apparatus that is ordinarily, or may be, employed in games of chance or in gambling except for liquor license holders who are fully licensed to operate gambling machines pursuant to the Illinois Gaming Act 230 ILCS 40/1 *et seq.*
- ☐ To prevent violation upon the premises of any law or ordinance, Federal, State or City.
- ☐ No licensee shall sell, give or deliver alcohol to any minor, or to any intoxicated person or to any person known by him to be a habitual drunkard, spendthrift or insane, feeble-minded or distracted person.
- ☐ To be present as requested by the local Liquor License Commissioner to permit and consent to the taking of fingerprints of the said applicant for the purpose of investigating the background of said applicant, to which taking and submitting of fingerprints this applicant does hereby expressly consent.
- ☐ That any misstatement made by the applicant herein, or any violation of the terms and conditions of this application or of any of the laws, Statutes, ordinances, resolutions and covenants above set forth, shall be the cause of revocation by the Kankakee City Liquor License Commissioner of the license herein applied for.

Signature: _____

Notes:

A F F I D A V I T

STATE OF ILLINOIS)
) SS
COUNTY OF KANKAKEE)

The undersigned being first duly sworn, states that s/he will not violate any of the Ordinances or Resolutions of the City of Kankakee or the laws of the State of Illinois or the United states of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of his/her knowledge and belief.

Subscribed and Sworn to
Before me this _____ day of
_____, 20____

NOTARY PUBLIC

IMPORTANT: If application is a corporation, it is imperative that the application by signed by the President and Secretary of corporation and that the corporation seal be affixed. Use the following affidavit.

STATE OF ILLINOIS)
) SS
COUNTY OF KANKAKEE)

The undersigned being first duly sworn, state that the corporation in whose name this application is made will not violate any of the Ordinances or Resolutions of the City of Kankakee or the laws of the State of Illinois or of the United States of America in the conduct of the business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief.

PRESIDENT

SECRETARY

Subscribed and Sworn to
Before me this _____ day of
_____, 20____

CORPORATE SEAL

NOTARY PUBLIC